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Pretrial Supervision: Community Service: Home Incarceration: Home Electronic Monitoring Substance Abuse Treatment Orug Screens: Special Conditions: CONTACT CASE MANAGER (NAME): PROGRAM DIRECTOR or DESIGNEE (SIGNATURE): Agency Representative Agency Representative REQUIRED ATTACHMENTS: Check if attached Intake Conditions of Supervision Release of Information Court Order/Warrant FAX #: PHONE #: Date Date	SUPERVISION FEE: RESTITUTION: OTHER:	ORIG AN ORIG AN ORIG AN	ИТ: ИТ: ИТ:	Specia	AMT D AMT D AMT D	OUE: OUE: OUE:	s/Disabilities/	PYMT S PYMT S PYMT S	CHED: CHED: CHED:	
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1) Transfer Request Received Agency Representative Date	CONTACT CASE MANAC	GER (NAM	ME):		F.	AX #:	<u> </u>	PHO	ONE #:	
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2) Transfer Accepted/ Denied (circle one) Agency Representative Date	1) Transfer Request Received		Agency	y Represe	ntative					Date
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